

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	2/2
O.I.P.E. CLASSIFIER		7	2/16/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	11/12/00	
2		01/16/01	
3		01/16/01	
4		01/16/01	
5		01/16/01	
6		01/16/01	
7		01/16/01	
8		01/16/01	
9		01/16/01	
10		01/16/01	
11		01/16/01	
12	✓	01/16/01	
13		01/16/01	
14		01/16/01	
15		01/16/01	
16		01/16/01	
17		01/16/01	
18		01/16/01	
19		01/16/01	
20	✓	01/16/01	
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28		01/16/01	
29		01/16/01	
30	✓	01/16/01	
31		01/16/01	
32		01/16/01	
33		01/16/01	
34		01/16/01	
35		01/16/01	
36		01/16/01	
37		01/16/01	
38	✓	01/16/01	
39		01/16/01	
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41		01/16/01	
42		01/16/01	
43	✓	01/16/01	
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47		01/16/01	
48	✓	01/16/01	
49		01/16/01	
50		01/16/01	

Claim	Final	Original	Date
51	✓	11/12/00	
52		01/16/01	
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55	✓	01/16/01	
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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